



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

03/29/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000077867

INSTALLATION NAME: CVS PHARMACY #5031

INSTALLATION ADDRESS : 598 COLUMBIA TNP
EAST GREENBUSH, NY 12061

MAILING ADDRESS : 1 CVS DR
WOONSOCKET, RI 02895

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: CVS PHARMACY #5031
or Current Occupant
ATTN: WENDY BRANT
1 CVS DR
WOONSOCKET, RI 02895**

USPO Priority

2013 MAR 19 10:30 AM

RCRA PROGRAMS BRANCH

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>N Y R 0 0 0 0 7 7 8 6 7</u>		
3. Site Name	Name: CVS Pharmacy #5031		
4. Site Location Information	Street Address: 598 Columbia Turnpike City, Town, or Village: East Greenbush County: Rensselaer State: NY Country: USA Zip Code: 12061		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>4 4 6 1 1 0</u> C. <u> </u> B. <u> </u> D. <u> </u>		
7. Site Mailing Address	Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Country: USA Zip Code: 02895		
8. Site Contact Person	First Name: Wendy MI: L Last: Brant Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Greenbush Plaza Realty LLC Date Became Owner: 10/22/1962 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 50 State Street, 6th Fl City, Town, or Village: Albany Phone: 5184627411 State: NY Country: USA Zip Code: 12207 B. Name of Site's Operator: CVS Albany LLC Date Became Operator: 7/30/1994 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☒ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	P001	P042	P075	P081	
D009						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


EPA ID Number

OMB#: 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

This subsequent notification is to update the generator status and waste codes.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage CVS Agent	3/13/2013



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

10/16/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.


EPA I.D. NUMBER:	NYR000077867
INSTALLATION NAME:	CVS PHARMACY #5031
INSTALLATION ADDRESS :	598 COLUMBIA TNPK EAST GREENBUSH, NY 12061
MAILING ADDRESS :	1 CVS DR WOONSOCKET, RI 02895

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: CVS PHARMACY #5031
or Current Occupant**
**ATTN: WENDY BRANT
1 CVS DR
WOONSOCKET, RI 02895**

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or > 100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>NYR1000077867</u>		
3. Site Name	Name: CVS Pharmacy #5031		
4. Site Location Information	Street Address: 598 Columbia Turnpike City, Town, or Village: East Greenbush County: Rensselaer State: NY Country: USA Zip Code: 12061		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>446110</u> C. <u> </u> B. <u> </u> D. <u> </u>		
7. Site Mailing Address	Street or P.O. Box: One CVS Drive City, Town, or Village: Woonsocket State: RI Country: USA Zip Code: 02895		
8. Site Contact Person	First Name: Wendy MI: L Last: Brant Title: CVS Corporate Environmental Manager Street or P.O. Box: One CVS Drive City, Town or Village: Woonsocket State: RI Country: USA Zip Code: 02895 Email: Wendy.Brant@CVSCaremark.com Phone: 401-765-1500 Ext.: Fax: 401-216-0138		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Greenbush Plaza Realty LLC Date Became Owner: 10/22/1962 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 50 State Street, 6th Fl City, Town, or Village: Albany Phone: 5184627411 State: NY Country: USA Zip Code: 12207 B. Name of Site's Operator: CVS Albany LLC Date Became Operator: 7/30/1994 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

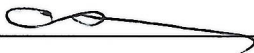
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Savage CVS Agent	02/06/2012

RCRA Site Detail

Report run on: August 9, 2012 - 2:39 PM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

MARTIN ENVIRONMENTAL SERVICES

NYR000077867

EPA Region:02 Extract:Y County:RENSSELAER

State District: NYSDEC R4

Universes	Federal Generator: N	Transporter: N	Operating TSDF: -----	Active: N
	State Generator: N	Importer: N	Commercial: N	EI Indicator (HE / GW): N / N
	Short Term Generator: N	Mixed Waste Generator: N	HSM: N	IC In Place: N
	Subpart K/College: N	Subpart K/Hospital: N	Subpart K/Non-profit: N	Subpart K/Withdrawal: N

Latitude/Longitude Measure - Owner: 02	Seq #: 1
Geometric Type Code: 001	Horizontal Collection Method: 001
Horizontal Accuracy Measure: 10	Horizontal Reference Datum: 002
Coordinates: 42.598685, -73.710975	Reference Point Code:
	Source Map Scale Numbers:

Receive Date: 01/01/2007 Source Type: Implementer Seq. Number: 2

Location 598 COLUMBIA TNP
Address: HANNAFORD PLZ
EAST GREENBUSH, NY 12061

Mailing 598 COLUMBIA TNP
Address: HANNAFORD PLZ
EAST GREENBUSH, NY 12061
UNITED STATES

Contact Person RONALD MARTIN JR 598 COLUMBIA TNP
For Source (518) 479-3167 HANNAFORD PLZ
Information EAST GREENBUSH, NY 12061
UNITED STATES

Owner (current) 598 COLUMBIA TNP Type: Private
FRANK CLIFFORD EAST GREENBUSH, NY 12061
From: To: EAST GREENBUSH Phone: (518) 479-3167

Notes: This record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008

Operator (current) 598 COLUMBIA TNP Type: Private
FRANK CLIFFORD EAST GREENBUSH, NY 12061
From: To: EAST GREENBUSH Phone: (518) 479-3167

Notes: This CP Indicator record created to coincide with EPA Mass Update for 01/01/2007 on Rundate: 06/11/2008...and HQ Criteria forcing at least one Current Operator to exist None existed to this update

Land Type: Private Non Notifier: No TSD Date: Accessibility:

Notes: 22-APR-10 Verified Nulling of "Transferred to CERCLA Status": EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Old Univ= N New Univ= N Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: NY-N Not a generator, Verified

Other Hazardous Waste Generator Activities

Used Oil Activities

Short Term Generator: No	Used Oil Transporter Activity	Off-Specification Used Oil Burner: No
Importer Activity: No	Transporter: No	
Mixed Waste Generator: No	Transfer Facility: No	Used Oil Fuel Marketer Activity
Transporter Activity: No	Used Oil Processor and/or	Marketer who directs shipment
Transfer Facility: No	Re-refiner Activity	off-specification used oil to
TSD Activity: No		off-specification used oil burner: No
Recycler Activity: No	Processor: No	
Off-Site Receipt: No	Refiner: No	Marketer who first claims the used
		oil meets the specifications: No
Exempt Boiler and/or Industrial Furnace	Subpart K	
Small Quantity Onsite Burner Exemption: No	College/University: No	Non-profit Research Institute: No
Smelting, Melting, Refining Furnace	Teaching Hospital: No	Withdrawal: No
Exemption: No		
Underground Injection Control: No		
Destination Facility for Universal Waste: No		

RCRA Site Detail

Report run on: August 9, 2012 - 2:39 PM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

Receive Date: 01/01/2006	Source Type: Implementer	Seq. Number: 1
Location 598 COLUMBIA TNPK Address: HANNAFORD PLZ EAST GREENBUSH, NY 12061	Mailing 598 COLUMBIA TNPK Address: HANNAFORD PLZ EAST GREENBUSH, NY 12061 UNITED STATES	

Contact Person RONALD MARTIN JR 598 COLUMBIA TNPK
 For Source (518) 479-3167 HANNAFORD PLZ
 Information EAST GREENBUSH, NY 12061
 UNITED STATES

Land Type: Private Non Notifier: No TSD Date: Accessibility:

Notes: 22-APR-10 Verified Nulling of "Transferred to CERCLA Status": EPA Universe Clean-Up for 01/01/2006, (Rundate: 05/08/2007), as per 2003/2004/2005 Acute/NonAcute Manifest data. Old Univ= N New Univ= N Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: NY-N Not a generator, Verified

Other Hazardous Waste Generator Activities

Short Term Generator:	No
Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	Yes
Transfer Facility:	No
TSD Activity:	No
Recycler Activity:	No
Off-Site Receipt:	No
Exempt Boiler and/or Industrial Furnace	
Small Quantity Onsite Burner Exemption:	No
Smelting, Melting, Refining Furnace Exemption:	No
Underground Injection Control:	No
Destination Facility for Universal Waste:	No

Used Oil Activities

Used Oil Transporter Activity		Off-Specification Used Oil Burner:	No
Transporter:	No	Used Oil Fuel Marketer Activity	
Transfer Facility:	No	Marketer who directs shipment off-specification used oil to off-specification used oil burner:	No
Used Oil Processor and/or Re-refiner Activity		Marketer who first claims the used oil meets the specifications:	No
Processor:	No		
Refiner:	No		
Subpart K			
College/University:	No	Non-profit Research Institute:	No
Teaching Hospital:	No	Withdrawal:	No

RCRA Site Detail

Report run on: August 9, 2012 - 2:39 PM

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*** WARNING *** Sensitive information may be displayed on this report. *** WARNING ***

Receive Date: 10/22/1999		Source Type: Notification		Seq. Number: 1	
Location 598 COLUMBIA TNPK Address: HANNAFORD PLZ EAST GREENBUSH, NY 12061			Mailing 598 COLUMBIA TNPK Address: HANNAFORD PLZ EAST GREENBUSH, NY 12061		
Contact Person RONALD MARTIN JR For Source (518) 479-3167 Information		598 COLUMBIA TNPK HANNAFORD PLZ EAST GREENBUSH, NY 12061 UNITED STATES			
Owner (current) FRANK CLIFFORD From:		598 COLUMBIA TNPK EAST GREENBUSH, NY 12061 To:		Type: Private Phone: (518) 479-3167	
Land Type: Private		Non Notifier: No		TSD Date:	
				Accessibility:	
Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties					
Regulated Waste Activities					
Hazardous Waste Generator Status - Federal: Not a Generator, State: HQ-N Not a Generator					
Other Hazardous Waste Generator Activities					
Short Term Generator:		No			
Importer Activity:		No			
Mixed Waste Generator:		No			
Transporter Activity:		Yes			
Transfer Facility:		No			
TSD Activity:		No			
Recycler Activity:		No			
Off-Site Receipt:		No			
Exempt Boiler and/or Industrial Furnace					
Small Quantity Onsite Burner Exemption:		No			
Smelting, Melting, Refining Furnace Exemption:		No			
Underground Injection Control:		No			
Destination Facility for Universal Waste:		No			

Used Oil Activities

Used Oil Transporter Activity		Off-Specification Used Oil Burner:		No
Transporter:	No	Used Oil Fuel Marketer Activity		
Transfer Facility:	No	Marketer who directs shipment off-specification used oil to off-specification used oil burner:		No
Used Oil Processor and/or Re-refiner Activity		Marketer who first claims the used oil meets the specifications:		No
Processor:	No			
Refiner:	No			
Subpart K				
College/University:	No	Non-profit Research Institute:		No
Teaching Hospital:	No	Withdrawal:		No

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: NONE

* End of Report *



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/01/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000077867
INSTALLATION NAME	→	MARTIN ENVIRONMENTAL SERVICES
INSTALLATION ADDRESS	→	598 COLUMBIA TNPK HANNAFORD PLZ EAST GREENBUSH, NY 12061
MAILING ADDRESS	→	598 COLUMBIA TNPK HANNAFORD PLZ EAST GREENBUSH, NY 12061

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: MARTIN JR, RONALD
VICE PRES
598 COLUMBIA TNPK
HANNAFORD PLZ
EAST GREENBUSH, NY 12061

Please print or type with ELITE

★★ To avoid delays in processing, please complete all sections.
★★ Only original signature of the Generator is acceptable.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR0000778167

II. Name of Installation (Include company and specific site name)

MARTIN ENVIRONMENTAL SERVICES

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

598 COLUMBIA TPKE

Street (Continued)

HANNA FORD PLAZA

City or Town

EAST GREENBUSH

State

Zip Code

NY 12061

COUNTY CODE

County Name

083 RENSSELAER

IV. Installation Mailing Address

Street or P.O. Box

SAME

City or Town

SAME

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MARTIN

(First)

RONALD JR

Job Title

VICE PRESIDENT

Phone Number (Area Code and Number)

(518) 479-3167

VI. Installation Contact Address

A. Contract Address
Location Mailing Other



B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

FRANK CLIFFORD

Street, P.O. Box, or Route Number

598 COLUMBIA TPKE

City or Town

EAST GREENBUSH

State

Zip Code

NY 12061

Phone Number (Area Code and Number)

518 479 3167

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

From: Jack Hoyt, DEPP, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel; (212) 637 4106

Address Verified US Post office 03

Spoke with Ronald 10/26/89 11:15
Call

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☒ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

Asbestos

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL

Ronald Martin Jr

Name and Official Title (Type or print)

Ronald Martin Jr Vice President

Date Signed

10/21/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)